**APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANCE TO THE**

**GOVERNMENT SERVANTS DIED DURING THE SERVICE**

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| --- | --- | --- |
| 1). | Name of Government Servant: - |  |
| 2). | Widower Name: - |  |
| 3). | Designation: - |  |
| 4). | Pay Scale: - |  |
| 5). | Pay at the time of Death: - |  |
| 6). | Post at the time of Death: - |  |
| 7). | NIC No. of government servant |  |
| 8). | Date of birth: - |  |
| 9). | Date of 1st Appointment: - |  |
| 10). | Date of death: - |  |
| 11). | Total length of service (Y-M-D): - |  |
| 12). | Amount claim admissible under the rules |  |
| 13). | Present Address: - |  |
| 14). | Permanent address: - |  |
| 15). | Numbers of Dependents with their names and ages: - |
|  | **Name** | **Age** | **Marital Status** | **Relation Ship** |
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 I do hereby solemnly affirm and verify that the contents of the above application are true to the best of my knowledge and nothing has been concealed.

 Widower of Late \_\_\_\_\_\_\_\_\_

 Ex-SET B-16 GGHSS Charbagh, Swat.

I certify and attested the details furnished above on the record available in this office.

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Name of the head of office Name of the head of Department

With official seal

Note: -

1. NIC of Govt: Servant
2. Pay Slip / LPC
3. Death Certificate
4. NIC of the applicant